

UTAH SEARCH AND RESCUE FINANCIAL ASSISTANCE APPLICATION

COUNTY _____

CASE # _____

(Assigned by County/Sheriff)

SEARCH INITIATED DATE _____ TIME _____ AM / PM

SUBJECT INFORMATION

REPORTING PERSON _____

☐ Search/Rescue ☐ Training ☐ Equipment

Please Select Application Type

VICTIM(S)

- 1.
- 2.
- 3.
- 4.

Does Victim Reside In Your County?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

(Mark all that apply).

ACTIVITY

- ☐ Climber
- ☐ Hiker
- ☐ Hunter
- ☐ Skier
- ☐ Snowmobile
- ☐ Mtn. Biker
- ☐ Aircraft
- ☐ Boat
- ☐ _____

SITUATION

- ☐ Unknown
- ☐ Lost
- ☐ Stranded
- ☐ Injury
- ☐ Illness
- ☐ Runaway
- ☐ Overdue
- ☐ False alarm
- ☐ _____

(If lost) LAST

KNOWN POSITION

- ☐ Unknown
- ☐ Last seen point
- ☐ Abandoned car
- ☐ Building
- ☐ Known route
- ☐ Known destination
- ☐ Confirmed clue
- ☐ _____

BRIEF DESCRIPTION

OF INCIDENT

RESPONSE: (Mark all that apply).

TYPE OF

RESPONSE

- ☐ Standby only
- ☐ Callout only
- ☐ Land search
- ☐ Water search
- ☐ Air search
- ☐ Rescue
- ☐ Body recovery
- ☐ _____

RESCUE/RECOVERY

TECHNIQUES USED

- ☐ Assist/own power
- ☐ Carry-out by foot
- ☐ Rock/acree evac.
- ☐ Evac. by animal
- ☐ Watercraft evac.
- ☐ Evac. by vehicle
- ☐ Aircraft evac.
- ☐ _____

(If lost) SEARCH

TECHNIQUES USED

- ☐ Confinement
- ☐ Attraction
- ☐ Hasty search
- ☐ Visual tracking
- ☐ Search dogs
- ☐ Line search
- ☐ Air search
- ☐ _____

BRIEF DESCRIPTION

OF RESPONSE

RESULTS: (Mark all that apply).

SUBJECT WAS

FOUND/RESCUED Month ____ Day ____ Year ____ Time _____ AM/ PM

☐ By SAR effort

☐ By bystanders

☐ By him/herself ☐ Not found/rescued

☐ Never needed help ☐ _____

AS A RESULT OF SAR EFFORT, TOTAL NUMBER OF PERSONS FOUND _____ RESCUED _____ LIVES REALLY SAVED _____

REASON MISSION
TERMINATED

- ☐ Successful
- ☐ Lack manpower
- ☐ Lack equipment
- ☐ Lack support
- ☐ Lack clues
- ☐ Hazardous terrain
- ☐ Severe weather
- ☐ Authority decision
- ☐ Family decision
- ☐ _____

FOUND IN

- ☐ Primary search area
- ☐ Secondary search area
- ☐ Area previously searched
- ☐ Out of search area
- ☐ Home, bar motel, etc.
- ☐ _____

CLUES FOUND BY

- ☐ Interrogation
- ☐ Confinement
- ☐ Attraction
- ☐ Hasty search
- ☐ Visual tracking
- ☐ Search dogs
- ☐ Line search
- ☐ Helicopter
- ☐ Fixed wing
- ☐ Subject's signal
- ☐ _____

BRIEF DESCRIPTION

OF FIND/RESCUE

RESOURCES USED

MISSION WAS

CLOSED ON Month ____ Day ____ Year ____ Time _____ AM/ PM

NOTE: Manhours and Equipment used should include time for MOBILIZATION, ENROUTE, MISSION & RETURN HOME

EQUIPMENT		OTHER UNITS INVOLVED	# Persons
_____ Helicopters	_____ Flt. Hrs.	_____	_____
_____ Fixed Wing	_____ Flt. Hrs.	_____	_____
_____ Ambulance*	_____ Mi.	_____	_____
_____ 2WD	_____ Mi.	_____	_____
_____ 4WD	_____ Mi.	_____	_____
_____ Boat	_____ Hrs.	_____	_____
_____ Horses	_____ Hrs.	_____	_____
_____ Dogs	_____ Hrs.	_____	_____
_____ Snowmobiles	_____ Hrs.	_____	_____
_____ A.T.V.s	_____ Hrs.	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL PERSONNEL/MAN-HOURS

of hours by paid personnel

of hours by volunteer non-paid SAR organizations

of hours by volunteer non-paid / non- SAR

Total # all man-hours

COMMENTS / PROBLEMS
(If necessary, attach additional sheet)

(*If victim was billed, leave blank.)

REIMBURSABLE EXPENSES (ATTACH ALL RECEIPTS/DOCUMENTATION)**A) RENTAL / OTHER**

1) Rental for fixed wing aircraft, helicopters, boats and generators: \$ _____

2) Other equipment or expenses necessary or appropriate for conducting SAR activities: \$ _____

B) REPLACEMENT / UPGRADE OF SAR EQUIPMENT \$ _____**C) TRAINING OF SAR VOLUNTEERS** \$ _____**TOTAL** \$ _____

I certify that the above report and listing of expenses is true and correct. I have attached all applicable receipts and understand that I am responsible for disbursement of monies to all agencies or groups that assisted in this search incident. I do further certify that no part of the foregoing claim has been paid by the State of Utah or any other source. Supportive documents may be available upon request.

REQUEST PREPARED BY: _____

NAME

RANK

DATE

REQUEST APPROVED: _____

SHERIFF

DATE

MAKE CHECK PAYABLE TO:

MAIL TO: EMERGENCY SERVICES & HOMELAND SECURITY
ATTN: ADMINISTRATION SECTION
1110 STATE OFFICE BUILDING
BOX 141710
SALT LAKE CITY, UT 84114

FOR DIVISION USE ONLY

REQUEST RECEIVED: _____ BY _____
 DATE NAME (DIVISION REPRESENTATIVE)

CURRENT COUNTY POPULATION: _____

FOR SAR BOARD USE ONLY

COMMENTS: (Reasons for Approval/Disapproval)

Reasons for **approval**:

(Mark all that apply).

- ☐ Training of SAR volunteers
- ☐ Fuel
- ☐ Food
- ☐ Rental of aircraft
- ☐ Rental of boats
- ☐ Repair
- ☐ Other equipment
- ☐ Replacement/Upgrade of equipment
- ☐ Other: _____

Reasons for **disapproval**:

(Mark all that apply).

- ☐ Non-reimbursable expense
- ☐ Non-compliance to Utah Law R700-1
- ☐ Receipts not attached
- ☐ Past deadline for review process
- ☐ Other: _____

Additional Comments:

REIMBURSABLE EXPENSES:

1- Amount Requested	\$
2- Amount Eligible	\$
3- Amount Approved	\$
4- Amount Awarded	\$
5- Training Money	\$
TOTAL DOLLARS PAID-OUT	\$

REQUEST APPROVED: _____ BY: _____
DATE NAME (SAR ADVISORY BOARD)

REQUEST DENIED: _____ BY: _____
DATE NAME (SAR ADVISORY BOARD)